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tragic things she witnessed overseas. In fact, it is exactly the opposite. While deployed, everything she did felt full of purpose, mission-driven. She felt so much meaning in her service that her apparently less significant, "normal" civilian life leads her to be clinically depressed.

BRIDGING THE GAP

When we civilians meet our veteran patient, neighbor, relative, we must regard them as human beings first and not statistics, case numbers or diagnoses. We must take the width and breadth of their experience into account. Consider that their thoughts, feelings and actions, however strange they may seem to us, might be normal reactions to the extraordinary things they have witnessed and the unusual circumstances through which they have survived. Further, not every veteran shares his or her story immediately. Some may still be processing the experience and may not want to open up at all. It may be too painful to discuss, too sacred to risk our judgment, a source of pride we might inadvertently diminish.

Veterans are not broken people who need to be fixed — or victimized. They are our sisters and brothers, husbands and wives, mothers and fathers, neighbors and friends. Take it from me: When approached with honesty and sincerity, soldiers and veterans are the easiest people in the world to relate to — even in the middle of the combat zone.

Catholic health care providers are positioned to be the front line of support for many veterans in need. Veterans are trained to be strong, and when they actually do ask for help, it is reasonable to assume they are in more serious need of immediate support than the average civilian making the same request. Proactive outreach is helpful, as is being alert to signs that a veteran may need additional, specialized care.

Veterans deserve care with dignity, respect for their innate resiliency. Often it is not the veterans who must reframe their thinking — it is we who must allow our civilian perspective to change. Healing begins when we allow our veterans to tell their stories and we indicate willingness to appreciate and understand.

JULIEHERA DESTEFANO heads the not-for-profit organization, Journey to Normal, Inc., in Gibsonia, Pa., and is the producer/director of the feature-length documentary Journey to Normal: Women of War Come Home. More information can be found at www. journeytonormal.org.

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More Vulnerable, Less Support

BY KATE DAHLSTEDT, LMHC

n my role as co-director of Soldier's Heart, an initiative that encourages and develops a spiritual warrior path for troops and veterans to grow into, I have met, interviewed and worked with many veterans, including many women. I share my insights in the hope that the unique experiences and consequent needs of military women, both those presently serving and those who are veterans, can be more fully appreciated.

War shatters the soul and breaks the heart. War turns our moral sensibilities on end, especially in the chaos of battle. The death and maiming of civilians, especially the young and women, is anathema. Heroic ideals are shattered when innocent civilians are maimed and killed. Our troops see firsthand,

in the most personal of ways, the very worst of humankind, and they are filled with the awful knowledge of war.

Underneath the guilt of killing others or surviving when others did not is a great grief that can last a lifetime. Veterans grieve not only their fellow comrades who were killed, but the

enemy as well. Many veterans question how a just and loving God could allow such brutality. They feel spiritually abandoned and bereft. They lose their moral grounding and fall into despair. Once home, they lose fellow troops to suicide, adding more grief than most of us can bear.^{1,2}

Military training requires that we relinquish our individuality, our personal identity, for the benefit of the mission. Many veterans feel lost and confused upon homecoming because they no longer know who they are or where they belong. They long to be

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innocent again, but they cannot be, once they have looked evil in the eye.

How do all of these realities affect our women in uniform and how can spiritually based health communities assist them?

WOMEN IN THE MILITARY TODAY

Today's military women have been serving side by side with men in war zones with no clearly delineated front line. There is no safe position in the rear. Even fortified bases are mortared regularly. The U.S. Department of Defense (DoD) states that three-quarters of active duty women were exposed to combat experiences in 2011 alone.

"A hundred and fifty-two women in uniform have died serving this nation in Iraq and Afghanistan," said Secretary of Defense Leon E. Panetta in a Jan. 24, 2013, speech announcing that the Pentagon would lift its ban on women serving in combat by 2016. "Female service members have faced the reality of combat, proven their willingness to fight and, yes, to die to defend their fellow Americans."

The DoD further states that women veterans are four times as likely to be homeless as their non-veteran peers. Between 2003 and 2008, the suicide rate for women who had deployed rose from 5.1 to 15.2 per 100,000. They suffer from depression in greater proportion than their male counterparts and have substance abuse issues, post-traumatic stress and chronic health problems.³

CHALLENGES WOMEN FACE

Women veterans are particularly vulnerable upon homecoming partly because their combat experiences have been largely denied by the military and therefore discounted by society. Often, no one believes their combat stories at all.⁴ Women are also more psychologically vulnerable while in the service. Units often have only a few women. Many have reported to me that, unlike their male peers, they have few other women as supports.

One of the hallmarks of unit cohesion and psychological security in a

war zone is a sense of brotherhood and knowing that your comrades have your back. Women in war zones usually do not experience this important, fundamental phenomenon from their male peers, as many veterans have told me. Women feel alone and exposed. Since the military has traditionally been a man's world, women often have to work harder and be tougher to be recognized. They are more likely to be passed over for promotions even when they have earned them. Before the new women in combat policy is enacted in 2016, they will continue to be ineligible for any combat-related pay, promotions or honors.5,6

One of the most difficult and tragic occurrences in the U.S. military is Military Sexual Trauma (MST), which the U.S. Department of Veterans Affairs defines as sexual assault or repeated, threatening sexual harassment that occurred while the veteran was in the military. It applies to both men and women, and it includes any sexual

Women veterans are particularly vulnerable upon homecoming partly because their combat experiences have been largely denied.

activity where someone is involved against his or her will. It also includes unwanted touching and threatening, offensive remarks of a sexual nature. The perpetrator may or may not be a member of the military.

A 2011 DoD report indicates that 3,192 cases of MST were reported in that year alone, and it is believed that military sexual assault is greatly underreported. When a woman reports an assault, she often is blamed or not believed. Or worse, command does nothing to address the problem appropriately. As a result, a woman who has

been sexually abused by a fellow serviceman must then continue to serve alongside her perpetrator or risk being demoted or transferred to a different unit. Perpetrators are rarely acknowledged or reprimanded. Women have reported to me that they are told to "stop whining" and "just suck it up."

Women tell me more frequently than men do that separation from their children during deployment is or was very difficult for them. They are usually their children's primary caretakers before deployment and are thus bonded more tightly. They have strong maternal feelings that don't subside while they are deployed. They report feeling significant guilt about leaving their children in the care of others.⁸

When they return from the war zone, women often report less support from spouses than men do. Perhaps because of social conditioning, husbands may be less equipped to give emotional nurturing than the wives of military men are. The military women report little or no camaraderie with other female troops. They further report feeling isolated, mistrustful, despairing and alone. And they feel betrayed, betrayed by the military, betrayed by their comrades and betrayed by the country that they wanted to serve.

WHAT WOMEN VETERANS NEED

Will the new Pentagon regulations help our women in uniform? It will make it possible for them to get the recognition and compensation they deserve. It will allow them to be in more powerful positions to make necessary changes and to advocate for other female troops. But, as long as we continue to wage war, we will continue to have psychological casualties.

In my experience, it seems that until we, as a society, become more aware of the issues that veterans in general and women veterans in particular have to contend with, homecoming for them will still be difficult and reintegration sometimes impossible. As citizens of the country that sent them to war, we are all responsible to help them return well. It is not enough for veter-

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ans to support each other. Caring and informed communities are needed to meet their needs most effectively.

What women veterans report needing most is to be listened to and believed and to have their experiences affirmed. Rather than have their anger, mistrust and despair diagnosed and medicated, as many behavioral health care practitioners do, woman veterans need us to acknowledge their anguished hearts and souls. They need to share their stories in safe settings with those who care to listen deeply and nonjudgmentally.⁹

Faith organizations, health care systems, civic groups and caring individuals can fill this role. Truth circles where veterans sit with civilians and share the truth of their military experiences are popping up around the country. These allow community members to serve as what I call the sacred witnesses to the struggles women veterans are facing. Community creative arts projects for women veterans, especially writing and visual arts, can give them a voice they often feel has been silenced. Ceremonies that recognize their particular accomplishments and sacrifices are also helpful in restoring them honor for their service.

Veterans have served in our name, regardless of how we feel about any particular war. Giving them what they need when they return is an honorbound duty the rest of us share.

KATE DAHLSTEDT is co-director of Soldier's Heart, a non-profit program to address the emotional, moral and spiritual wounds of veterans, their families and communities. It is based in Troy, N.Y.

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